

EXPAND OUTDOOR ADVENTURE CAMP
PARTICIPANT INFORMATION
Enrollment Dates: June 13 – July 28th, 2016

Attach Camper Photo Here

Name _____ Birth Date _____ Age at camp _____
First Middle Last

Home address _____
Street Address City State Zip Code

Disability/Diagnosis _____

Gender: _____ Male _____ Female

Does your child use a booster seat when riding in the car? _____

If yes, we would like to use your child's booster seat during the summer.

Custodial parent/guardian _____ Home Phone _____

Home address _____

(If different from above) Street Address City State Zip Code

Place of employment _____ Work Phone _____

Address _____

Email Address: _____

What is the best way to reach you during summer camp hours (Mon-Thurs, 9am – 2pm)?

Second parent/guardian _____ Home Phone _____

Home address _____

(If different from above) Street Address City State Zip Code

Place of employment _____ Work Phone _____

Address _____

Email Address: _____

What is the best way to reach you during summer camp hours (Mon-Thurs, 9am – 2pm)?

Please list two persons (other than parents/guardians) that we should contact in case of an emergency:

Name _____ Relationship to participant _____

Phone (Home) _____ (Work) _____ (Other) _____

Address _____

Name _____ Relationship to participant _____

Phone (Home) _____ (Work) _____ (Other) _____

Address _____

Who is authorized to pick-up participant? (other than parents and emergency contacts)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Is there a restraining order against anyone from having contact with your child? If yes, please provide a copy of the current restraining order.

The above information is correct and I give permission for the City of Boulder to release the participant, named on the first line, to those people listed above. I also realize that it is my responsibility to inform the City of Boulder any time the above information changes. **If their are individuals who may not pick up your child, please list them here.** _____

Parent/Guardian signature _____

Health History

Please provide the following information so we can be aware of the campers needs. Any changes to this form should be given to the Camp Coordinator before camp begins.

ALLERGIES (List all known. Describe reaction and management of the reaction)

Medication allergies

Reaction

Management of Reaction

Food allergies

Other allergies – include insect stings, hay fever, asthma, animals, etc.

Any specific information we should know? _____

Is your child on any special diet? If so, please explain: _____

MEDICATIONS BEING TAKEN

Please list ALL medications taken routinely. Keep it in the original bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

_____ This person takes NO medications on a routine basis.

_____ This person takes medications, but WILL NOT be taking them during camp hours.

_____ This person WILL be taking medications during camp hours.

This person takes medications as follows: **(Please list ALL medications taken routinely even if medications will not be dispersed at camp. This information is needed, if the participant needs medical attention.)**

Med #1 _____ Dosage _____ Times taken _____

Reason for taking _____

Med #2 _____ Dosage _____ Times taken _____

Reason for taking _____

Med #3 _____ Dosage _____ Times taken _____

Reason for taking _____

**** A Written Order for Medication will need to be filled out by your prescribing practitioner for each medication that will be administered while at camp. Please use the attached form. Special forms are attached for Asthma medications and Epi-pens.**

Any additional information regarding medications? _____

Name of family physician _____ Phone _____
 Address _____

Name of family dentist/orthodontist _____ Phone _____
 Address _____

GENERAL QUESTIONS (Explain “yes” answers below.) Has/does the participant:

	Yes	No		Yes	No
1. Had any recent injury, illness or infection?			11. Ever been diagnosed with a heart murmur?		
2. Have a chronic or recurring illness/condition?			12. Ever had problems with joint disease?		
3. Ever had seizures?			13. Have Diabetes?		
4. Have frequent headaches?			14. Have asthma?		
5. Ever had a head injury?			15. Have an eating disorder?		
6. Wear glasses, contacts or protective eye wear?			16. Have an orthodontic appliance for camp?		
7. Ever had frequent ear infections?			17. Have any skin problems?		
8. Ever been dizzy during or after exercise?			18. Have any specific activities they should not participate in?		
9. Ever had chest pain during or after exercise?			19. Ever had a physical?		
10. Ever had back problems?			20. Other:		

Please explain any “yes” answers, noting the number of the question.

Use this space to provide any additional information about the participant the camp should be aware of.

Please provide a current copy of the participant’s immunization record on the Colorado Department of Public Health and Environment – Certificate of Immunization Form (A copy is provided in this packet in case your health provider uses a different form). You can obtain this from your health care provider or the child’s school. This must be returned with all other camp forms. If you have chosen not to immunize your child, please sign the exemption on the back of the provided form.

Parent/Guardian Authorization: This health history is correct and complete as far as I know, and the person described herein has permission to engage in all camp activities except as noted.

Signature _____ **Printed Name** _____
Date _____